United Nations E/ICEF/2018/P/L.1

Economic and Social Council

Distr.: Limited
22 December 2017
English
Original: Arabic/English/French/
Spanish

For decision

United Nations Children's Fund
Executive Board
First regular session 2018
6–8 February 2018
Item 6 of the provisional agenda*

Country programme document

Jordan

Summary

The country programme document (CPD) for Jordan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $5,000,000 from regular resources, subject to the availability of funds, and $206,900,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2018 to December 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2018.

* E/ICEF/2018/1

18-00285X (E) 090118

Please recycle

Programme rationale

1. Significant progress has been made since 1990, particularly towards Millennium Development Goals 2 and 6. This has been achieved despite the challenge of supporting several waves of refugees and regional instability. However, progress towards Goals 1, 3, 4 and 5 remained constrained with increased rates of extreme poverty, persistent child and maternal mortality and a low level of economic participation of women.[1] Development gains continue to be threatened by a slowdown in economic growth. Further, there are growing disparities among children in the country across various dimensions.

2. The population of Jordan is 9.5 million, with 63 per cent of people under the age of 30 and 40 per cent children.[2] This offers a vast demographic window of opportunity to better engage the country's youth economically, socially and civically. Yet, one third of youth aged 15 to 24 are unemployed (31.5 per cent male and 56.9 per cent female).[3] A mismatch between the skills of recent high school graduates and the needs of the economy continues to constrain youth from realizing their potential, and hampers economic growth.[4]

3. Annual population growth for Jordanians was 5.3 per cent between 2004 and 2015, while the rate for non-Jordanians was 18 per cent.[5] The population is unequally distributed, with 75 per cent living in 3 governorates (out of 12), and 42 per cent in the Amman governorate alone.[6] The incidence of poverty is higher in rural areas, although only one third of the poor live in those areas, with the remaining two thirds living in urban areas.[7] People living in hard-to-reach areas, including the 5.9 per cent of Syrians currently living in 'informal tented settlements',[8] are particularly vulnerable.

4. Jordan hosts nearly 3 million non-Jordanians, including 1.3 million Syrians,[9] of whom 656,000 were registered as refugees as of February 2017.[10] The protracted nature of the crisis in the Syrian Arab Republic has placed significant stress on the socio-economic environment of Jordan, strained the capacity of the Government and partners to provide quality services for all children, and challenged communities and caregivers to meet the needs of vulnerable children. This necessitated a shift towards promoting the resilience of national systems and communities to meet the needs of the country's vulnerable children. The hurdles associated with civil and legal registration of Syrian refugees in Jordan contribute to increased vulnerability among children. Similarly, the children of the 140,000 Palestinian refugees from Gaza face specific legal challenges to gain citizenship.[11]

---

[1] Government of Jordan and United Nations in Jordan, *Second National Millennium Development Goals Report Jordan 2010*.
[2] Government of Jordan Department of Statistics, Jordan Population and Housing Census 2015: Main results, 2016.
[3] Government of Jordan Department of Statistics, Employment and Unemployment Survey 2016.
[4] Centre for Strategic Studies, University of Jordan with International Labour Organization, Ministry of Labour and Government of Jordan Department of Statistics, National Child Labour Survey 2016 of Jordan, 2016.
[5] Government of Jordan Department of Statistics, Jordan Population and Housing Census 2015: Main results, 2016.
[6] Ibid.
[7] UNDP, *Jordan Poverty Reduction Strategy, Final report*, 2013.
[8] UNHCR, *Living in the Shadows – Jordan Home Visits Report 2014*, p. 52.
[9] Government of Jordan Department of Statistics, Jordan Population and Housing Census 2015: Main results, 2016.
[10] UNHCR, http://data.unhcr.org/syrianrefugees/country.php?id=107, accessed February 2017.
[11] UNRWA, Financial Report and Audited Financial Statement, 2014.

5. There are data gaps concerning poverty in Jordan in recent years, with the most recent data from 2010, when the absolute poverty rate was 14.4 per cent. Poverty and vulnerability affect a higher proportion of registered refugees from the Syrian Arab Republic, with 86 per cent living below the national poverty line.[12]

6. The Government has launched Jordan 2025: A National Vision and Strategy, which renews its focus on integrated social and economic development, capitalizing on the demographic transition as the country's large generation of young people move into working age. The Government and its partners are also leveraging international support to respond to the impact of the influx of refugees.

7. The Jordan Poverty Reduction Strategy 2013–2020 predates the refugee crisis. The social protection system requires better coordination between the related initiatives and enhanced coverage of vulnerable children. The National Aid Fund covered 7.5 per cent of the Jordanian population in 2010.[13] Similarly, the Zakat Fund targets poor people of all ages, but its cash benefits reach only about 1 per cent of the poor.[14]

8. Women lack representation in political and civil institutions, with Jordan ranked 134th out of 144 countries in terms of gender equality in 2016.[15] Women's academic achievements do not translate into labour market success, with female labour market participation only 13.2 per cent, compared to 58.7 per cent for males.[16] Women in employment are paid almost seven times less than their male counterparts.[17]

9. Children and adolescents with disabilities are at high risk of violence, discrimination and exclusion. In Jordan, 6.1 per cent of children aged 5 to 17 have some form of functional difficulties; for 1.3 per cent of children these are severe.[18] Children with disabilities continue to face high levels of stigmatization, a lack of specialized services and structural and social barriers to inclusion.

10. Significant progress has been achieved in enabling access to the formal school system, with the net enrolment ratio for primary education among Jordanians reaching 97 per cent (98 per cent male and 96 per cent female) in 2012.[19] However, the enrolment ratio for kindergarten remains low, with more than 59 per cent of children aged 5 not participating in formal education. The Government's commitment to providing learning opportunities for all children in the country, irrespective of their status or nationality, has resulted in the expansion in the number of double-shift schools and the development of a catch-up programme for children who have been out of school up to three years. Yet, more than 40,200 Syrian refugee children remained out of school in 2016.[20] Education quality continues to be a significant concern, with learning outcomes remaining low throughout basic education: A 2012 assessment concluded that more than 70 per cent of children in

[12] UNHCR, *The Vulnerability Assessment Framework*, 2015.
[13] UNDP, *Jordan Poverty Reduction Strategy* 2013.
[14] Ghaith Zureiqat and Hadeel Abu Shama, *Social Protection and Safety Nets in Jordan*, 2015, Institute of Development Studies.
[15] World Economic Forum, Global Gender Gap Index 2016, <http://reports.weforum.org/global-gender-gap-report-2016/rankings/>, accessed 11 June 2017.
[16] Government of Jordan, Department of Statistics, Employment and Unemployment Survey, 2016.
[17] World Economic Forum, Global Gender Gap Index 2016, <http://reports.weforum.org/global-gender-gap-report-2016/rankings/>, accessed 11 June 2017.
[18] Government of Jordan Department of Statistics, Jordan Population and Housing Census 2015, 2016.
[19] UNESCO, *Education for All 2000–2015: Achievements and challenges*.
[20] No Lost Generation, *Preparing for the Future of Children and Youth in Syria and the Region through Education: London One Year On*, 2017.

Grades 2 and 3 were reading without comprehending.[21] The National Strategy for Human Resource Development 2016-2025 aims to revolutionize all levels of the education system.

11. Child and infant mortality rates declined significantly between 1997 and 2012 through improved health services and practices. Yet, seventy per cent of under-five deaths occur during the neonatal period, which highlights the unfinished agenda for neonatal mortality reduction. Geographic and socio-economic inequities continue in maternal, newborn and child health, and therefore promoting universal access to high quality integrated health services continues to be a priority. Large disparities in stunting exist between wealth quintiles, with 14 per cent of the poorest children and only 2 per cent of the wealthiest children affected. Similarly, 41 per cent of children in the poorest quintile are anaemic, compared to only 26 per cent in the wealthiest.[22] A growing burden of non-communicable diseases is increasing financial strains on individuals and the health system.

12. The combined fourth and fifth periodic reports of Jordan on the Convention on the Rights of the Child were submitted to the Committee on the Rights of the Child in 2013 and considered in 2014. Key issues included the considerable delay in adopting the Children's Rights Bill and the draft law on juvenile justice; cuts in the national budget that threatened progress achieved in children's development; and violence against children, including corporal punishment and honour killings.

13. Violence against children remains prevalent in homes, schools and institutions. In 2012, 89 per cent of children (age 2 to 14) reported having been subjected to a violent form of discipline, of whom 20 per cent were subjected to severe physical punishment.[23] Eleven per cent of children in public schools self-reported having been subjected to physical violence by teachers during the 2015/16 school year.[24] A revised domestic violence law, recently endorsed by the Parliament, has introduced stronger protection measures, including expanding the definition of the family to include foster children; ensuring that reporting for minor offences depends on the informed consent of an adult survivor of violence; and in cases of family violence, improving settlement procedures and the linkages between sharia and regular courts in relation to custody of children.

14. The most vulnerable households are increasingly relying on child labour and child marriage in response to socio-economic pressure. An estimated 76,000 boys and girls are engaged in economic activities, of whom about 92 per cent are child labourers.[25] An estimated 3.7 per cent of 13- to 17-year-old girls are married, including 2 per cent of Jordanian girls and 13 per cent of Syrian girls.[26] An analysis of registered marriages in Jordan indicates that marriages of Syrian girls rose sharply, from 18 per cent of total registered marriages among Syrians in Jordan in 2012 to 35 per cent in 2015.[27] Justice for children remains a key priority due to the vulnerability of children in conflict with the law and the ongoing need for child-focused approaches to justice. There are over 5,000 registered unaccompanied or separated Syrian and Iraqi children in Jordan, many of whom continue to require community-based alternative care solutions.

[21] RTI International for USAID Jordan, *Student Performance in Reading and Mathematics, Pedagogic Practice, and School Management in Jordan*, 2012.
[22] Department of Statistics Jordan and ICF International, Jordan Population and Family Health Survey, 2012, October 2013.
[23] Ibid.
[24] Data based on results from the Ma'an Campaign online survey 2015/2016.
[25] Centre for Strategic Studies, University of Jordan in cooperation with ILO, Ministry of Labour and Department of Statistics, National Child Labour Survey 2016 of Jordan.
[26] Government of Jordan Department of Statistics, Jordan Population and Housing Census 2015.
[27] UNICEF, *A Study on Early Marriage in Jordan 2014*.

15. Although Jordan is characterised by severe water-scarcity[28], almost all households have access to drinking water. Leakages and illegal connections lead to a loss of revenue, and strain the already-scarce water supply. Despite high rates of access to safely managed water (94 per cent), the water supply is still irregular in many areas of the country. An estimated 77 per cent of the population has access to safely managed sanitation facilities.[29] Vulnerable populations, such as those living in marginalized communities and hard-to-reach areas, have limited access to water and sanitation infrastructure or facilities. The Sustainable Development Goals have significantly raised quality standards and therefore the rate of access to safely managed services will show a reduction when compared to the previous measurement standards.

16. Evaluations conducted in recent years highlighted that the uncertainty at the outset of the Syrian crisis led to high-cost humanitarian interventions. This was underpinned by short-term funding that constrained the adoption of a broader capacity development approach. As demonstrated in an evaluation of the Infant and Young Child Feeding Programme, strengthening national capacities and systems would be more cost-effective and sustainable. The UNICEF approach to targeting the most vulnerable children – based on their needs rather than their status or nationality – was another lesson that was gradually introduced. This "'vulnerability approach" mitigates the risk of fuelling the growing tensions within communities by leveraging service delivery platforms to enable interaction among children from diverse backgrounds.

Programme priorities and partnerships

17. The previous country programme was transformed by the refugee crisis, swiftly evolving from a small programme focused on policy and advocacy investments into a large-scale, humanitarian-focused programme. During the early years of the crisis, a focus on providing life-saving assistance to the large influx of Syrian refugees, combined with the short-term nature of humanitarian funding, limited involvement in long-term, systemic change.

18. With the prolonged nature of the crisis and the need to reduce inequities, the new country programme will continue to focus on the most vulnerable children. To more effectively build resilience among families and communities, and to provide adequate services for all children, the programme will focus on strengthening national capacities and systems. This shift will promote cost-effectiveness and the sustainability of results, thereby maximizing the impact of limited resources. The programme will enable children from various nationalities, abilities and backgrounds to engage and collaborate, thereby proactively emphasizing social cohesion and inclusion. To address multiple overlapping disparities, including between boys and girls, geographic areas, disability status and other dimensions, the programme will adopt an integrated policy and programmatic response that will concurrently address the underlying causes of vulnerabilities.

19. The programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. The United Nations Sustainable Development Framework (UNSDF) 2018–2022, the UNICEF Strategic Plan and Gender Action Plan, both for 2018–2021, and the Sustainable Development Goals provide the basis for the country programme results. UNICEF Jordan will continue to work under the No Lost Generation initiative, ensuring the protection, education and future of children affected by the current crisis.

[28] Ministry of Water and Irrigation, Government of Jordan, National Water Strategy 2016–2025.
[29] WHO and UNICEF, Progress *on drinking water, sanitation and hygiene: 2017 update and SDG baselines*.

20. The 2018–2022 country programme of cooperation was developed through participatory process that engaged Government counterparts and partners to analyse deprivations, bottlenecks and barriers to realizing child rights. This led to a consultation with national thought-leaders and young people to articulate a vision for the country programme. An extensive sectoral planning process related to the Jordan Response Plan for the Syria Crisis was also leveraged.

21. The programme will adopt a multifaceted approach, including engaging national institutions and supporting a comprehensive set of interventions in the most disadvantaged districts. Bottlenecks and barriers will be addressed around policy, systems and access to and demand for quality services. Further emphasis will be placed on promoting social and behavioural change that will enable vulnerable children to reach their full potential. While system strengthening and capacity development will be central to the country programme and enable national-level impact, an integrated approach will be adopted in selected disadvantaged districts, informal tented settlements, refugee camps and hard-to-reach communities to concurrently address the underlying causes of overlapping vulnerabilities. The approach will build on the *Makani* ('My Space') platform that offers a package of integrated social protection services, including life skills, psychosocial, learning support, water, sanitation and hygiene, outreach and referral services.

22. The broader vulnerability approach adopted will include a focus on strengthening a comprehensive national social protection system that reaches all children, including those working, living with disabilities and from minority groups. The programme will aim to mainstream gender equality, focusing on removing identified barriers and bottlenecks and addressing policy gaps and social norms.

23. UNICEF will continue to be the key convener of a range of national, regional and international public and private actors whose shared goal is that all children reach their full potential. To enable this shift, it is critical that funding remains flexible and is available for multi-year periods.

24. By adopting a data-driven approach, UNICEF will continue to position itself as the country's knowledge hub for children. Capitalizing on its established relationship with the Government, UNICEF will accelerate its support for national data systems and monitoring the situation of vulnerable children. With complex challenges facing Jordan and limited resources available, innovation will be a cross-cutting programme strategy that will capitalize on national, regional and global public-private partnerships.

25. Strategic partnerships will continue to build on the strengths of the private and public sectors, youth-led groups, civil society and academic institutions. Private sector partnerships will be strengthened for programming and resource mobilization, in line with the Children's Rights and Business Principles.

Health and nutrition

26. This programme component will aim for equitable and universal access to integrated services for all children – primarily those under the age of five – and their families. Efforts will be made to reduce risk factors for non-communicable diseases, including injuries and disabilities, among older children and adolescents aged 6 to 18 years. An enabling environment will be created by developing, implementing and monitoring evidence-based pro-poor policies and strategies, including modernizing the primary health-care system and implementing health financing reform. A continuum of care approach will be adopted, with a focus on an improved, integrated primary health-care package that includes newborn, child and maternal health, nutrition, early detection and early intervention services, and a policy focus on the most vulnerable children and their families. UNICEF will support the Government to strengthen systems on mortality surveillance and information, develop human resource capacity, and improve quality standards at primary health-care centres and

hospitals in highly vulnerable areas. Practitioners' skills will be developed nationwide to mainstream early childhood interventions and facilitate service package integration. To create demand for services and increase parental knowledge, attitudes and practices, a comprehensive social and behavioural change communication strategy will be implemented. In addition, to provide sustained and holistic behaviour change, a focus on health, nutrition and developmental care practices will be integrated into the existing better parenting programme. The urgent needs of the most vulnerable, including primary health, nutrition and immunization services in hard-to-reach areas and marginalized communities will be met.

Education

27. This programme component aims at quality, inclusive early and basic education for all girls and boys between the ages of 5 and 18. While supporting the Government to develop and implement policies to improve the quality of formal education, UNICEF will also ensure quality non-formal education for out-of-school children so that all children have the opportunity to contribute to a knowledge-based society. UNICEF will work with the Government to ensure the policy reforms outlined in National Strategy for Human Resource Development are implemented, including ensuring that access to one year of pre-primary education for 5- to 6-year-old children is provided universally is compulsory and a prerequisite to basic education. UNICEF will support curriculum refinement for the second year of pre-primary education and the non-formal education programme, while advocating for increased funding and equitable planning and disbursement across the education sector. System strengthening and institutional and individual capacity development will focus on improving education quality by training teachers, strengthening education governance and accountability, enhancing school supervision and leadership, expanding and rehabilitating learning spaces in highly vulnerable areas, and ensuring a child-friendly, gender-sensitive learning environment. The roll-out of inclusive education in all public schools will be supported. Finally, UNICEF will support the Government in curriculum reform, with an emphasis on innovation and social cohesion.

Child protection

28. This programme component will work towards improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children and adolescents. Priority areas will include violence against children; justice for children; children deprived of parental care (including unaccompanied and separated children); gender-based violence (including child marriage); child labour; child protection in emergencies; prevention of association of at-risk adolescents with groups promoting extreme violence; and community-based child protection. UNICEF will support national institutions to engender legislative change and to promote policy dialogue regarding protection of the rights of children and women. System strengthening and capacity development will focus on preventing and responding to violence against children and gender-based violence, and providing an integrated package of quality child protection services at national and community-level. A holistic, long-term communication for development (C4D) strategy addressing attitudes and social norms will be key to ensuring a protective enabling environment for children. A shift will also be made to community-based care for children deprived of parental care to ensure the well-being of these children. To create demand and increase knowledge, the programme will reach children and duty-bearers through a package of nationwide campaigns and community- and household-based communication. For this purpose, areas of convergence and cross-sectoral synergy will be sought, and the scope of the established better parenting programme will be expanded to effectively reach out to caregivers. Focused child protection services will be provided to vulnerable children in hard-to-reach areas and marginalized communities, as well as those with disabilities.

Adolescents and youth

29. This programme component will promote healthy behaviour and positive engagement among young people, and nurture them as innovators and informed social actors. Further, the programme will work across sectors to support national institutions to implement the National Youth Strategy. Adolescent and youth-focused budget analysis will be imperative in this effort. The programme will engage with targeted municipalities to promote child-friendly cities. Increased access to youth-focused and gender-sensitive services and opportunities will be ensured to promote civic, social and economic engagement. The emphasis will be on preparing young people with the requisite knowledge and skills to adapt to the evolving and technology-driven economy and society. Skills development and vocational training will take account of the requirements of Jordan as a future 'knowledge economy' as well as the labour market, with an overall focus on enhancing employability. Community youth centres, youth social media networks and innovation labs, will serve as key platforms, with a renewed emphasis on social cohesion. The programme will empower young people to demand and advocate for services that cater to their needs. UNICEF will scale up positive engagement opportunities for highly vulnerable adolescents and youth, particularly those who are out of school, or living in marginalized communities or refugee camps where services that meet their needs are limited.

Water, sanitation and hygiene

30. This programme component will aim for affordable and sustainable water and wastewater systems, thereby contributing to a cleaner and more sustainable environment for children. It will strengthen the development of policies and implementation of key standards and strategies, including the National Water Strategy of Jordan 2016–2025. Enhanced monitoring structures and research will inform policy development and strengthen the potential for advocacy to reform institutional systems and policies, including water tariffs, investment in rehabilitation and the impact of climate change. System strengthening will focus on increasing the efficiency of existing systems through a wide array of upstream interventions. Strengthening service delivery will be pursued through rehabilitating systems in highly vulnerable areas, supplemented by water conservation projects using low-cost technologies. The programme will also aim to improve knowledge and practices on key behaviours, including household water treatment and safe water as part of a larger water safety and water conservation programme. UNICEF will support the Government to enhance its monitoring systems in alignment with the Sustainable Development Goals. The needs of vulnerable children in refugee camps will be met through completion of infrastructure and ensuring its sustainable operation and maintenance by the Government. This will be complemented by improving knowledge and positive practices about water conservation among children, caregivers and duty-bearers. The promotion of gender-sensitive hygiene practices will continue in schools, *Makani* centres and communities through integrated C4D initiatives. The urgent needs of the most vulnerable children, including those living in hard-to-reach areas and marginalized communities, will continue to be addressed to ensure their safe access to water, sanitation and hygiene.

Social protection

31. This programme component will contribute to improved social policies and programmes for vulnerable girls and boys, guided by evidence on inequities. Situation monitoring and research on children's issues, including child poverty and vulnerabilities, will support the Government to create an enabling environment and inform relevant policies. UNICEF will also support the integrated child- and gender-sensitive social protection policies and systems, the development and implementation of the national poverty reduction and social protection strategy and improved public finance for children. Innovation will also enable current and future generations to build skills and expand opportunities. UNICEF will

support the Government and civil society to improve their capacity to provide the most vulnerable children with access to the integrated social protection system and a cash transfer programme. A comprehensive C4D strategy will aim to provide targeted vulnerable households with children with the required knowledge and skills to adopt positive behaviours and gain access to basic services, and improve the ability of families and communities to support the realization of children's rights.

32. **Programme effectiveness** will ensure efficient and effective management and coordination of programmes: this includes programme planning, monitoring and evaluation, enhanced external relations, technical assistance for C4D and partnerships.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	750	6 300	7 050
Education	750	57 000	57 750
Adolescents and youth	600	9 300	9 900
Child protection	750	14 000	14 750
Water, sanitation and hygiene	600	30 000	30 600
Social protection	800	82 000	82 800
Programme effectiveness	750	8 300	9 050
Total	**5 000**	**206 900**	**211 900**

[*] In addition to the amounts shown, significant amounts of other resources emergency are expected to be raised under the subregional humanitarian appeal for the Syrian Arab Republic.

Programme and risk management

33. The Jordan UNSDF 2018–2022 was formulated following the principles of "Delivering as one", and led by inter-agency results groups with oversight by the Government-United Nations Steering Committee. The Government-led Jordan Response Platform for the Syria Crisis has been in place since September 2014. Line ministries, supported by United Nations agencies, chair sectoral task forces that serve as a planning and coordination platform for the Jordan Response Plan for the Syria Crisis. Under the principles of "Delivering as one", UNICEF will play an active roles in the coordination efforts of all United Nations sister agencies, and continue to seek areas of complementarities and opportunities for joint programming to effectively and efficiently contribute towards ~~Jordan's~~ the country's attainment of the Sustainable Development Goals.

34. While the situation in Jordan has remained stable, the protracted subregional crisis will continue to strain the delivery of basic social services. Donor support has been encouraging, yet external variables are expected to influence the availability of financial resources. In light of this, UNICEF will invest in system strengthening and capacity development of key partners, and enhance cost efficiency and effectiveness in programming. Diversification of the current donor base will continue. UNICEF will also continue to work with the Government, United Nations agencies, civil society, and donor communities to reach all vulnerable children and promote sustainable results.

35. Risks are reviewed and updated annually, and more frequently when the situation requires. Emergency preparedness is integrated into annual workplans. UNICEF is an active

member of the United Nations Humanitarian Country Team and the Security Management Team, which discuss any changes to the country situation.

36. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

37. UNICEF will continue to work closely with the Jordan Department of Statistics for high quality child- and equity-focused disaggregated data. Technical assistance will also be provided to strengthen the information management systems of key institutions dealing with child-related issues. UNICEF also coordinates closely with United Nations agencies and donors and is an active member of the technical committee to support national data systems.

38. The country programme is designed based on an equity framework that allows programmes to systematically address bottlenecks and barriers. Programme monitoring will be conducted using a multipronged approach. Data on high-frequency indicators are collected on a monthly and quarterly basis. Programme and field visits are conducted for technical oversight and to ensure quality in programme implementation. Additionally, an independent field monitoring team routinely conducts visits across the country to validate information and obtain feedback from beneficiaries. The *Bayanati* data system captures gender-sensitive information about children, adolescents and young people who access *Makani* integrated services.

39. Midyear and annual reviews will be key to reviewing progress towards planned results and addressing constraints. An integrated monitoring and evaluation plan is developed yearly so that evaluations and other evidence-generation activities are prioritized and conducted to inform advocacy and decision-making. UNICEF will commission at least one independent evaluation each year and conduct at least one gender review during the programme cycle.

Annex

Results and resources framework

Jordan – UNICEF country programme of cooperation, March 2018–December 2022

Convention on the Rights of the Child: Articles 2–4, 6, 9, 12–13, 19–20, 22, 24, 26–29, 32, 34, 36–40

National priorities: Sustainable Development Goals (1–6, 8–11, 13, 16), Jordan 2025: A National Vision and Strategy; Executive Development Plan 2016–2019; Jordan Response Plan; National Strategy for Health Sector in Jordan 2016–2020; Ministry of Health Strategic Plan 2018–2022; Jordan Poverty Reduction Strategy 2013–2020; National Water Strategy 2016–2025; National Youth Strategy 2016–2018; A National Strategy for Human Resource Development 2016–2025

UNSDF outcomes involving UNICEF:
Outcome 1: Empowered people
Outcome 2: Strengthened institutions
Outcome 3: Opportunities and platforms for participation

Related UNICEF Strategic Plan 2018–2021 outcome(s): Goal Areas 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. The most vulnerable children and their families access improved quality and equitable health, nutrition and early intervention services	1. Children <1 year receiving measles-containing vaccine at national level B: 85.7% (2012) T: above 90%	Jordan Population and Family Health Survey (JPFHS), Health Management Information System (HMIS), Expanded Programme on Immunization coverage survey	1. Enabling environment is strengthened to design, budget and implement evidence-based policies and strategies 2. National systems are strengthened to provide integrated health, nutrition, and early childhood interventions and services 3. Children and caregivers have increased knowledge and improved practice on care for newborns and children, early stimulation, positive parenting and protection	Ministry of Health, High Health Council, Higher Population Council	750	6 300	7 050
	2. Percentage of newborns receiving postnatal care within two days of childbirth B: 75% (2012) T: above 85%	JPFHS, HMIS					
	3. Percentage of children aged 6–59 months given vitamin A supplements in Jordan	HMIS					

UNCT outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
	B: 91.5% (2015) T: 95%						
2. Increased number of children aged 5–18 access quality inclusive early and basic education in a child-friendly and protective environment	1. Net enrolment rate in kindergarten 2 B: 59% (2015/2016) (male 60%, female 58%) T: 80%	Education Management Information System (EMIS), Education Statistical Report	1. Strengthened partnerships, policy, planning, governance, capacity and accountability of education authorities to deliver quality kindergarten and basic education (Grades 1–10) for all children (ages 5–18) 2. Increased equitable access to and retention in quality kindergarten 2, formal and non-formal basic education 3. Demand for quality education is prioritized at the family and community levels	Ministry of Education, non-governmental organizations (NGOs)	750	57 000	57 750
	2. Primary education net enrolment rate B: 98% (2012) T: 99%	EMIS					
	3. Percentage of students meeting basic learning level in Grade 8 mathematics B: 45% (2015) T: 55%	Trends in International Mathematics and Science Study					
	4. Lower secondary education net enrolment rate B: 96% (2013) T: 98%	EMIS					
	5. Dropout rate B: 3–6% for Grades 6-9 (2015–2016) T: 0% for Grades 6-9 (2022–2023)	EMIS					
3. Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children	1. Proportion of children (older than 12 years old) in conflict with the law diverted from formal judicial proceedings B: 8% (2016) T: 20% (2022)	Ministry of Social Development records	1. Legislative and administrative frameworks, accountability and national capacity are strengthened to plan, budget and prevent and respond to violence, abuse, exploitation and neglect 2. Children and women at risk of violence and exploitation have improved access to an integrated package of quality child protection and gender-based violence prevention and response services	Ministries of Social Development, Education, Health, Justice and Awqaf Islamic Affairs and Holy Places; Public Security Directorate	750	14 000	14 750
	2. Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	UNICEF Knowledge, Attitudes and Practice Study					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	B: TBD in 2017 T: Reduced by 20%		3. Children, families and communities have increased capacities to promote practices to protect themselves and reduce violence				
	3. Proportion of children in foster care (out of all children in both residential and foster care) B: 14% (2016) T: 40%	Government and court records					
	4. Number of children in detention per 100,000 child population (sex, age) B: 54 (2016) T: 48	Government records					
	5. Proportion of females under the age of 18 among all females married in the reporting year B: 13.4% (2016) T: 11.4%	Annual Statistical Report of the Department of the Chief Justice of the Sharia Court					
4. Young people (girls and boys) increasingly practice positive behaviours and actively engage in society	1. Proportion of young people (aged 15–24 years) not in employment, education, or training B: 29% (2015) T: To be determined, based on the upcoming National Youth Strategy	Department of Statistics Labour Force Annual Report	1. Inclusive policies and strategies focusing on young people promote positive engagement of young people 2. Young people have access to services and opportunities focusing on them 3. Young people have increased knowledge about their rights	Ministries of Youth, Labour, and Municipal Affairs, municipalities, Crown Prince Foundation, NGOs and private sector	600	9 300	9 900
5. Vulnerable people have access to safe drinking water, clean environment, and key hygiene/water conservation practices	1. Proportion of population using safely managed drinking water services B: 94% (2014) T: 95%	Ministry of Water and Irrigation, Joint Monitoring Programme (JMP)	1. Enabling environment is strengthened for safe and sustainable water and sanitation 2. Vulnerable girls and boys have access to, and use, adequate, safe, affordable and sustainable water and sanitation services	Ministries of Water and Irrigation and Environment, NGOs, and private sector	600	30 000	30 600
	2. Proportion of population using safely managed sanitation services, including	Ministry of Water and Irrigation, JMP					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
	a hand-washing facility with soap and water B: Estimated to be roughly 80% (2017) T: 85%		3. Vulnerable children practice key hygiene behaviours and water conservation				
6. Improved policy environment and systems for disadvantaged and excluded children, guided by data and knowledge	1. Number of children covered by social protection systems B: 420,500 children (2016) T: 20% increase	Annual data from the National Aid Fund, Zakat Fund, Ministry of Social Development	1. Evidence is used for policy development and monitoring progress towards the child-relevant Sustainable Development Goals. 2. The national system is strengthened for vulnerable children to access integrated and inclusive social protection services 3. Children, adolescent girls and boys, and women are empowered and motivated to optimally utilize social protection programmes and basic social services	Ministries of Finance and Social Development, National Aid Fund, Zakat Fund	800	82 000	82 800
	2. Percentage of national budget allocated to key child-related social sectors (health, education and social protection (% of GDP,% of total recurrent expenditure) B: Education: 3.7% of GDP, 13% of recurrent expenditure Health: 3.2% of GDP, 11% of recurrent expenditure Social protection (non-contributory): 0.97% of GDP, 3.3% of recurrent expenditure T: Education: 3.7% of GDP maintained, 15% of recurrent expenditure Health: 3.2% of GDP, 13% of recurrent expenditure Social protection (non-contributory): 1.25% of GDP, 5% of recurrent expenditure	Jordan Budget Statement, sector annual budget					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR); other resources (OR); (in thousands of United States dollars)		
					RR	OR	Total
7. The Jordan country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	1. Effective development planning, coordination, delivery and monitoring of country programme results	Periodic reviews and evaluations	1. UNICEF staff and partners are provided with guidance, tools and resources to effectively design and manage programmes 2. UNICEF staff and partners are provided with guidance, tools and resources to effectively plan and monitor programmes 3. UNICEF staff and partners are provided with tools, guidance and resources for effective communication, advocacy, and partnership on child rights issues with stakeholders	Ministry of Planning and International Cooperation	750	8 300	9 050
Total resources					**5 800**	**206 900**	**211 900**

United Nations E/ICEF/2018/P/L.2

Economic and Social Council

Distr.: Limited
22 December 2017
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
First regular session 2018
6-8 February 2018
Item 6 of the provisional agenda*

Country programme document

Ghana

Summary

The country programme document (CPD) for Ghana is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $45,280,000 from regular resources, subject to the availability of funds, and $132,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2018 to December 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2018.

* E/ICEF/2018/1

18-00287X (E) 090118

Please recycle

Programme rationale

1. Ghana is a peaceful, stable multiparty democracy that is noted for its independent press, freedom of speech and vibrant civil society. The country made major gains towards achievement of the Millennium Development Goals by halving extreme poverty, increasing access to safe water and achieving universal primary enrolment with gender parity. A new President was elected in December 2016 following a peaceful electoral process. As a result of the 2010 change in classification from a low-income to a lower-middle-income country, bilateral donors are reviewing their development cooperation portfolios, in some cases decreasing official development assistance (ODA).

2. The country is divided into 10 regions and 216 districts. Under the government's ongoing decentralization process, district assemblies are responsible for development planning, revenue collection, service delivery and internal security.

3. In 2010, the population was 24.6 million, of which 38 per cent were children under age 15 years. The average annual growth rate was 2.5 per cent.[1]

4. While the national level of child poverty declined from 36.4 per cent in 2006 to 28.3 per cent in 2013, it remains 40 per cent higher than the rate of adult poverty. Some 3.5 million children live in poverty, with 1.2 million of them living in households that are unable to provide adequate food.[2]

5. Inequality is still very high, with a Gini index of 42 in 2013 (up from 38 in 1992), with increasing disparities between and within regions. Economic growth has not been inclusive. The national tax policy and revenue allocation remain inequitable, while a weak social compact between citizens and the State limits accountability.

6. Coverage of social protection remains low, although several key programmes are in place, including the flagship Livelihood Empowerment Against Poverty (LEAP) national cash transfer programme, the National Health Insurance Scheme (NHIS), the Ghana School Feeding Programme (GSFP), the basic education Capitation Grant Scheme and the Labour Intensive Public Works programme.

7. Between 2008 and 2014, the under-five mortality rate declined from 80 to 60 deaths per 1,000 live births and the infant mortality rate from 50 to 41 deaths per 1,000 live births. Malaria, diarrhoea and pneumonia together accounted for 45 per cent of under-five deaths. The neonatal mortality rate stagnated at 29 deaths per 1,000 live births,[3] accounting for 71 per cent of infant deaths and 48 per cent of under-five deaths. The risk of neonatal mortality is doubled for babies born to teenage mothers, demonstrating the risks associated with childbearing at a young age.

8. The maternal mortality ratio remains high at 319 deaths per 100,000 live births.[4] Some 97 per cent of women receive skilled antenatal care at least once during their pregnancy, and while the rate of facility-based deliveries has been increasing, institutional newborn and maternal deaths remain persistently high.

9. Immunization coverage for the major childhood diseases decreased slightly from 2008 to 2014, from 79 per cent to 77 per cent of children aged 12–23 months fully immunized, with major differences between regions. To sustain and improve immunization coverage,

[1] Ghana Statistical Service, 2010 Population and Housing Census: Summary Report of Final Results, Accra, May 2012.
[2] Cooke, Edgar (Ashesi University College), Sarah Hague (UNICEF) and Andy McKay (University of Sussex), *The Ghana Poverty and Inequality Report 2016*, p. 1.
[3] Ghana Statistical Service, Ghana Health Service, and ICF Macro, Ghana Demographic and Health Survey 2014.
[4] World Health Organization Global Health Observatory, http://apps.who.int/gho/data/node.main.MATMORT?lang=en, accessed 9 November 2017.

adequate and timely government funding remains a priority as Ghana is scheduled to graduate from support from Gavi, the Vaccine Alliance, by the end of 2021.

10. Ghana has a median antenatal HIV prevalence of 1.8 per cent among pregnant women aged 15–49 years. In 2013, HIV infections among children aged 0–14 years accounted for 31 per cent of all new infections. In 2014, 18,621 children aged 0–4 years were projected to require antiretroviral therapy (ART).[5] In 2015, coverage of ART for children aged 0–4 years living with HIV was 26 per cent.

11. From 2008 to 2014, Ghana reduced the percentage of under-five children who are stunted from 28 per cent to 19 per cent, wasted from 8.5 per cent to 5 per cent and underweight from 14 per cent to 11 per cent. Yet, in the same period stunting among children under 6 months of age almost doubled, from 4.3 per cent to 8 per cent, and the rate of exclusive breastfeeding declined from 63 per cent to 52 per cent. The proportion of children aged 6–23 months fed with the recommended minimum dietary diversity declined from 47 per cent in 2011 to 28 per cent in 2014, and only 13 per cent of children are fed in accordance with accepted guidelines. Although anaemia prevalence in children aged 6–59 months dropped significantly, from 77.9 per cent in 2008 to 65.7 per cent in 2014, the rate is still well above the World Health Organization (WHO) categorization of anaemia prevalence as a severe public health problem (40 per cent or higher).

12. In the context of the Scaling Up Nutrition (SUN) Movement, Ghana has established a multi-stakeholder platform to ensure that nutrition objectives are incorporated into national policies and plans.

13. While nearly all Ghanaians have access to improved water sources, more than three in five people drink water that is unsafe as a result of faecal or arsenic contamination; only 4 per cent of households treat water suitably prior to drinking. The use of sachet water for drinking, with weak quality control, has increased almost four-fold since 2008.

14. Access to an improved household sanitation facility remains extremely low, at 14 per cent, and one in six households practices open defecation. Less than 21 per cent of the population has household handwashing facilities. The low overall rate of sanitation coverage is exacerbated by urban/rural and wealth-related inequities, which require a national response.

15. In Ghana, 44 per cent of children attend schools without toilets and 62 per cent attend schools without water sources, with wide disparities between and within regions. Although data are lacking, these rates likely indicate low rates of handwashing and menstrual hygiene management, which particularly affect adolescent girls. Localized studies indicate that water, sanitation and hygiene (WASH) facilities in health centres are equally inadequate.

16. In 2014, Ghana experienced its worst-ever cholera outbreak, with more than 28,000 cases and 240 deaths. Slums in Accra were the cholera epicentre, indicative of both the systemic failure to provide WASH services to these areas and of inequities in access. The cheapest flood-resilient toilet designs suited to Ghana are beyond the financial reach of the poorest communities, thus making them vulnerable to flood-associated disease risks. Climate change is likely to exacerbate these vulnerabilities.

17. Since 2000, Ghana has made impressive gains in access to kindergarten and primary school. The net primary enrolment ratio is over 90 per cent for boys and girls, contributing to the achievement of gender parity. The completion rate for girls is slightly lower at the primary level (girls: 98.5 per cent; boys: 100.8 per cent) but drops significantly at junior-high-school level (girls: 70.6 per cent; boys: 76.4 per cent).

---

[5] National Sentinel Survey (2014) cited in Situational Analysis and Defining Strategic Actions for Accelerating Paediatric HIV Treatment, Care and Support in Ghana, 2014

18. The 2016 National Education Assessment indicates that large numbers of pupils are struggling to master the curricula for primary Grades 4 and 6, especially children living in deprived regions and rural areas. Learning disadvantage begins from early childhood and tends to widen at subsequent levels of education. One in five children and young people aged 6–24 years with a disability have never attended school; and those who are in school often face stigmatization without appropriate learning support. These pose important challenges to promoting equity in basic education.

19. Girls and boys experience frequent and multiple forms of physical, emotional and verbal abuse and violence. A 2013 report found that 57.5 per cent of respondents aged 14–17 years said they were beaten at home "all the time" or "sometimes", and 34 per cent confirmed being beaten in school by the teacher in the last month.[6]

20. Gender-based violence is widespread, affecting more than 40 per cent of girls aged 15–19 years, with 40 per cent of young women aged 15–24 years believing it is the right of husbands to inflict punishment on their spouses.[7] Most child protection violations are driven by gender inequalities and stereotypes that limit choices and opportunities for girls. Child marriage continues to affect girls disproportionately, especially those who are rural, poor and less educated.

21. Juvenile justice is highly gendered, with approximately 200 children arrested by the police each year, close to 70 per cent of them boys. Yet girls are criminalized much more for sex-related offences. Most crimes committed by children are not reported to the formal authorities because there is still a preference to settle cases at local levels through chiefs and heads of family.

22. Birth registration has stagnated at around 70 per cent over the past five years, with disparities between rural/urban areas and by level of education and wealth.

23. Bottleneck analyses have revealed similar findings across all sectors: while donor agendas on moving from aid to trade and limited domestic financing has affected investments in quality service delivery, constrained governance and accountability systems have also contributed to the performance of the social sectors. Lessons learned from the previous country programme highlighted that while UNICEF made major breakthroughs in the progressive realization of child rights, policy support was limited largely to issue-based policies, with less emphasis on financing, management and partnerships. Large-scale service delivery interventions were not sustainable. At the same time, the country programme embarked on the use of innovation for programme efficiency and began to address demographic shifts with pilot initiatives to respond to urbanization and adolescent issues. Engagement with the Government, civil society, donors and United Nations partners in the development of the new country programme highlighted the importance of policy advocacy, improved governance, greater accountability and system strengthening, in parallel with better targeting and more broad-based partnerships.

Programme priorities and partnerships

24. The United Nations Sustainable Development Partnership (UNSDP) aligns with government's coordinated programme of economic and social development policies(CPESDP), 2017–2024, encompassing the progressive realization of the 2030 Agenda for Sustainable Development and the African Union Agenda 2063. The country programme of cooperation will contribute to three of the four UNSDP result areas: social

[6] Government of Ghana/UNICEF. *It takes a Village to Raise a Child – National child protection study: Quantitative and qualitative research towards the strengthening of child protection in Ghana*, 2014.

[7] UNICEF Ghana. Adolescents and Young People in Ghana (10 To 24 Years): A Situation Analysis, January 2014.

investment in people; a protected and safe environment; and inclusive, accountable governance.

25. The country's lower-middle-income status and projected decline in ODA require a different mode of engagement that builds on the comparative advantages and capacities of UNICEF, balancing delivery of services with systems strengthening work. UNICEF will thus support the Government in meeting its obligations to children in line with Sustainable Development Goal commitments and national plans in three areas: (a) equity-focused policy advocacy for budgetary reform and greater accountability, drawing on robust data; (b) documenting innovative solutions for strengthening systems efficiency; and (c) more limited service delivery focused on the most vulnerable children and adolescents.

26. UNICEF will employ the following mix of strategies:

(a) generation of evidence derived from cost-effective, equitable, replicable and scalable approaches, coupled with use of quality data, research on emerging areas and knowledge management to facilitate policy dialogue;

(b) social and behavioural change communication to promote recommended practices, generate demand for services and build social accountability;

(c) strengthened partnerships with the Government at all levels, United Nations partners, civil society and young people themselves;

(d) targeted service delivery, focusing on areas of greatest deprivation; and

(e) resource mobilization and financing, including through cooperation with the private sector, based on the Children's Rights and Business Principles.

27. The programme, which is aligned with the UNICEF Strategic Plan, 2018–2021, the Gender Action Plan, 2018–2021 and the UNICEF West and Central Africa key results for children, aims to accelerate results in specific high-impact areas:

(a) addressing high rates of neonatal mortality and prevention of mother-to-child transmission of HIV (PMTCT);

(b) reducing stunting and anaemia;

(c) making Ghana open defecation free;

(d) providing inclusive and quality basic education to support the transition to senior high school, especially for adolescent girls;

(e) strengthening the child protection system;

(f) supporting inclusive development and strengthening the national social protection system; and

(g) strengthening emergency preparedness and response systems.

28. In addition to providing continued support to the three deprived northern regions, all programme components will use district-level data to identify pockets of deprivation and reach the poorest people registered in the LEAP cash transfer programme. Focus districts will be identified based on the need for issue-specific interventions and on complementary investments by donors. UNICEF will support decentralization by empowering national and local bodies with evidence, information, tools and capacity to make informed decisions to focus on the most vulnerable populations.

29. Gender equality will be addressed through efforts focused on keeping adolescent girls in schools, menstrual management, including anaemia prevention, and reducing child marriage. With support from the Korea International Cooperation Agency (KOICA), UNICEF will implement a programme on adolescent girls, and will address sexual and

reproductive health through a joint programme with the United Nations Population Fund (UNFPA) with support from Global Affairs Canada (GAC).

Health and nutrition

30. The programme will facilitate equitable access to and utilization of evidence-based health and nutrition interventions for newborns, children under age 5, adolescent girls and women of reproductive age. UNICEF will support health system strengthening, including integration of PMTCT services into the maternal, newborn and child health system, focusing on accountability, resource and information management, including procurement, and the scale-up of quality-of-care services for the most marginalized. The programme will use an equity-focused approach by strengthening linkages with the NHIS and focusing on LEAP beneficiaries. In addition to strengthening the routine monitoring system, the programme will generate knowledge on emerging challenges facing children and adolescents. In critical areas like immunization, major childhood diseases and HIV, UNICEF will reposition itself by focusing on continuous situation monitoring and strengthened advocacy for sustained government financing, particularly as external funding diminishes.

31. The focus of nutrition interventions will shift to strengthening and monitoring of regulatory frameworks, in line with international standards, and modelling of successful interventions to address stunting and child and adolescent anaemia, complemented by social and behavioural change communication to promote recommended nutrition and related practices, especially for infant and young child feeding. UNICEF will collaborate with other United Nations agencies (the Food and Agriculture Organization (FAO), the World Food Programme (WFP) and WHO) to better understand the diet and nutritional status of infants and young children.

32. UNICEF will work through the Health Sector Working Group, which is led by the Ministry of Health and includes the Government of Canada, United Kingdom Department for International Development (DFID), United States Agency for International Development (USAID), Japan International Cooperation Agency (JICA) and Gavi, the Vaccine Alliance.

Water, sanitation and hygiene

33. The programme will aim to ensure that more children and families have access to basic sanitation and safe and affordable drinking water, supported by more effective national strategies, while demonstrating the viability of scalable approaches. UNICEF will support the Government to deliver key components of the national Water Sector Strategic Development Plan to increase child survival and reduce morbidity and mortality.

34. The first outcome of the WASH subcomponent, focusing on eliminating open defecation and improving hygiene practices, will target: developing and refining national costed strategies for rural and urban sanitation (including market shaping, financing mechanisms and facilitating private sector engagement) and WASH in institutions; building capacity to deliver behaviour change programmes; and increasing monitoring and evaluation (M&E) and accountability. The second outcome will focus on increased access to safe drinking water through: ensuring safe, sustainable supplies (supported by an assessment of urban risks and the establishment of private sector delivery models); and reducing emergency and climate risks to WASH services.

35. UNICEF is the development partner lead for the WASH sector. Key partners in results delivery are the Governments of Canada and the Netherlands, while collaboration on programming modalities with others, including the World Bank and USAID, ensures consistency.

Education

36. The programme will support government efforts to ensure that more girls and boys access and complete quality and inclusive basic education with improved learning outcomes. UNICEF will support improved kindergarten at national and subnational levels to ensure that young children get the best educational start in life; modelling of effective and inclusive teaching and learning practices in primary education for scale up; and building system capacity to support adolescent girls to transition to senior high school. It will focus on strengthening capacities for decentralized planning and monitoring for results, and mechanisms for sector coordination for greater accountability; and generation of evidence for improved equity and learning in the education sector.

37. UNICEF will coordinate with other development partners (the Global Partnership for Education, the World Bank, DFID, JICA and USAID), engaging through the Education Sector Working Group on areas of cooperation, including learning opportunities for out-of-school children at the primary level, improved early grade reading, teacher training and progressive engagement on skills development among adolescent girls and boys.

Child protection

38. The programme will support girls and boys in Ghana, especially the most disadvantaged, to benefit increasingly from an equitable and integrated child protection system that fosters birth registration and prevention and timely responses to violence, exploitation and abuse. The system strengthening approach begun in the previous programme will continue, since experience has shown that it addresses multiple child protection concerns effectively as it tackles common drivers and deprivations. Standard-setting and development of guidelines and directives will be done at national level. UNICEF will continue to invest in institution-building and strengthening of the child protection workforce in 20 selected districts. This will demonstrate and document at-scale application of government policies on child and family welfare and justice for children. Interventions concerning alternative care for children in foster care, kinship care or adoption will focus on districts with high numbers of children in residential care.

39. UNICEF will focus on:

(a) aligning laws and regulations with national policies and international standards;

(b) ensuring that child victims of violence receive prevention and response services;

(c) enhancing capacities to deliver equitable, quality and coordinated child-friendly justice services to children and their families;

(d) increasing the efficiency of birth registration services for children under 5 years of age; and

(e) increasing understanding of violence and harmful practices among families and children in selected areas.

40. Major partners include the Governments of Canada and the Netherlands, the USAID Displaced Children and Orphans Fund and the International Organization for Migration (IOM).

Policy and evidence

41. The programme will build on the experience of the previous country programme in social policy, social protection and support for improved collection and analysis of evidence to inform policy implementation. Through policy work to promote equitable resource allocation, inclusive development, improved social accountability, increased social

protection and use of evidence, UNICEF will support the Government to include the poorest households in the country's development, so as to reduce poverty and inequality.

42. In relation to the promotion of more equitable policymaking, the key areas of focus will be: (a) more equitable resource allocation through improved tax and expenditure management; (b) scaled-up policy implementation for inclusive development at the national and sectoral level; and (c) improved social accountability for development, including through the continuation of Ghana's District League Table. In relation to M&E and evidence generation, UNICEF will focus on: (a) supporting strengthening of national M&E systems; and (b) promoting demand for, and development and use of quality evaluation information.

43. The programme will also address social protection, in particular the coverage, quality and coordination of social programmes. The LEAP programme currently reaches around one in eight poor people (213,000 households), and, as a result of UNICEF technical support and advocacy, now includes pregnant women and infants. UNICEF will support the transition towards a "universal LEAP" that includes the urban poor; strengthen organizational and operational practices, including building on current work with the NHIS and GSFP, and better use of LEAP targeting for basic social services. The main partners will be DFID, USAID and the World Bank.

Programme effectiveness

44. Programme effectiveness will support quality assurance and coordination between the country programme and the UNSDP, national priorities and the Sustainable Development Goals. Programme planning will ensure results-based management across programmes, providing guidance and resources to staff and partners for efficient execution and documentation of country programme results. Communication and advocacy will promote evidence from research and programme activities, utilizing traditional, social and digital media to contribute to the public discourse on child poverty and inequity; and foster private and public partnerships while promoting a credible brand. Communication for development (C4D) will continue to document social and behavioural change interventions while also focusing on measurement and systematic strengthening of sectoral capacities to promote child-friendly social norms.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	7 500	30 000	37 500
Water, sanitation and hygiene	6 500	33 000	39 500
Education	6 500	16 500	23 000
Child protection	6 500	23 500	30 000
Policy and evidence	6 000	8 500	14 500
Programme effectiveness	12 280	21 000	33 280
Total	**45 280**	**132 500**	**177 780**

Programme and risk management

45. The UNSDP will be implemented through joint annual workplans agreed with the relevant ministries and agencies. The joint coordination mechanism under the Ministry of Finance will facilitate "Delivering as one" with all levels of the Government.

46. The country programme is based on the assumption that the Government will remain committed to strengthening governance and accountability through political will and provision of domestic funding for quality service delivery, food security and reducing inequality.

47. Outbreaks of disease, particularly cholera, are a major risk in Ghana. The Government is expected to take the lead in emergency response with the United Nations system, including UNICEF, providing support as required. Government partners have recognized the lead role of UNICEF C4D approaches in prevention, preparedness and response to disease outbreaks. Ghana is politically stable, but epidemics or violence in the subregion could have a potentially destabilizing effect on the country. All components of the country programme are risk-informed and mechanisms are in place to make adjustments as needed.

48. This CPD outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

49. In health/nutrition, education and sanitation, UNICEF relies on sectoral management information systems for programme monitoring. In other sectors, UNICEF works with partners to strengthen sector-wide monitoring approaches while providing support to national surveys, i.e., the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS). Special-purpose data-collection efforts will be undertaken only where no other data sources exist, or data are needed expressly to demonstrate approaches.

50. As detailed in the costed evaluation plan, major evaluations to be undertaken include impact evaluations of the social protection system; end-line evaluation of child protection, maternal and newborn and WASH interventions; and an evaluation of education and gender equality approaches for adolescent girls.

Annex

Results and resources framework

Ghana – UNICEF country programme of cooperation, March 2018–December 2022

Convention on the Rights of the Child: Articles 1–40

National priorities: CPESDP (2017–2024)

Draft UNSDP outcomes involving UNICEF: 3. Government of Ghana delivers equitable, quality and financially-sustainable social services; 4. Marginalized and vulnerable populations demand and utilize social services; 5. Environmental governance at national and local levels is effective, efficient and coherent; 6. Urban and rural communities have access to affordable services, knowledge and tools to increase their resilience; 7. Transparent, accountable institutions at all levels that protect the rights of all people.

Outcome indicators measuring change that includes UNICEF contribution: Under finalization

Related Goal Areas of the UNICEF Strategic Plan, 2018–2021: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
More children and women access and utilize quality health services	Percentage of women who had a pregnancy in the five years preceding the survey with at least four antenatal care visits B: 87% (2014) T: 90%	DHS, MICS	1. Ghana health system has the necessary management tools to support effective service delivery at national and subnational levels. 2. Evidenced-based tools and strategies are in place for delivery of quality care for all. 3. Quality disaggregated data from routine monitoring system is available and knowledge is generated on the survival challenges of older children (6–10 years) and adolescents.	Ministry of Health (MoH); Ghana Health Service (GHS); Christian Health Association of Ghana WFP, WHO, UNFPA, Joint United Nations Programme on HIV/AIDS (UNAIDS) DFID, USAID, JICA, KOICA,	4 000	14 300	18 300
	Institutional neonatal mortality rate B: 3.8 per 1,000 live births (2016) T: 2.5 per 1,000 live births	District Health Information Management System (DHIMS)					
	Institutional maternal mortality ratio B: 151.1 per 100,000 live births (2016) T: 120 per 100,000 live births	DHIMS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Stillbirth rate B: 1.7 per 1,000 live births (2016) T: 1.0 per 1,000 live births	DHIMS		European Union, GAC Non-governmental organizations (NGOs)			
More children, adolescent girls and women of childbearing age access and utilize nutrition services, nutrient-rich foods and supplements to improve their well-being	Percentage of children aged 0–23 months who were put to the breast within one hour of birth B: 55.6% (2014) T: 70%	DHS	1. National Nutrition Policy and frameworks are aligned with international standards and monitored annually 2. Health service providers have improved capacity to deliver quality nutrition services at national and subnational level 3. Stronger capacity among public and private sector and civil society actors to promote nutritional well-being of children, adolescents and women	MoH, GHS, Ministry of Trade and Industry FAO, UNAIDS, UNFPA, WFP, WHO DFID, European Union, JICA, KOICA, USAID, GAC NGOs Private sector	3 500	15 700	19 200
	Percentage of children 6–8 months old who are fed with iron-rich foods B: 21.6% (2014) T: 40%	DHS					
	Percentage of girls 10–19 years taking iron supplements B: 0% T: 80%	Baseline and end-line evaluation surveys					
	Number of adolescent girls reached with iron folate supplementation with UNICEF support B: 0 T: 285,000 girls in four regions	DHIMS					
More children and their families have access to basic sanitation, supported	Percentage of households using basic (not shared) sanitation facilities B: (2014): urban 17.8%, rural 8.5%	DHS/MICS	1. Capacity of Government is improved to implement the Rural Sanitation Model and Strategy to generate demand and facilitate supply	Ministry of Sanitation and Water Resources, Ministry of Local Government and	5 300	28 700	34 000

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
by more effective national strategies[1]	national: 13.6% T: urban: 25%, rural: 15% national: 20%		2. Capacity of Government is improved to implement a national urban sanitation strategy to generate demand and facilitate supply 3. Capacity of Government is improved to implement national strategies for WASH in institutions 4. Capacity of Government is improved to implement a national strategy to promote adequate and equitable hygiene for all 5. Improved social accountability systems in place for WASH sector services	Rural Development (MLGRD), National Development Planning Commission, Ghana Statistical Service (GSS), Ghana Education Service (GES), GHS United Nations Development Programme (UNDP), United Nations Human Settlements Programme, WHO, World Bank, African Development Bank GAC, Government of the Netherlands, KOICA, USAID NGOs Academia Private sector			
	Percentage of households practicing open defecation B: (2014): urban: 7.1%, rural: 28.8%, national: 16.9% T: (2020): urban: 0%, rural: 0% national: 0%	DHS/MICS					
	Proportion of households with a handwashing facility with soap (or suitable alternative) and water available in the home B: (2014): urban: 26.9%, rural: 14.1%, national: 21.1% T: urban: 40%, rural: 30%, national: 35%	DHS/MICS					
More children and their families have access to affordable and safe drinking water, supported	Proportion of households using basic drinking water services B: (2014): urban: 88% rural: 66% national: 78%	DHS/MICS	1. Capacity of Government is improved to deliver safe and sustainable drinking water services to communities	Same as outcome 3	1 200	4 300	5 500

[1] Outcome baselines to be updated with data from MICS 2017.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
by more efficient national strategies[2]	T: (2022): urban 95% rural: 80% national: 92%		2. Improved capacity of national and decentralized government and civil society organizations to manage risks and to prepare and respond to WASH challenges in emergencies				
	Percentage of households using an appropriate drinking water treatment method B: (2014): urban: 5.7%, rural: 2.5% national: 4.2% T: (2022) Urban: 15% Rural: 10% National: 15%	DHS/MICS					
More girls and boys in Ghana access and complete quality and inclusive basic education with improved learning outcomes[3]	Percentage of Grade 4 (P4) and Grade 6 (P6) students attaining minimum competency or higher in English and mathematics B: 2016 English: P4: 37%, P6: 36% Mathematics: P4: 22% P6: 25% T: 2022 English: P4: 50%, P6: 50% Mathematics: P4: 40%, P6: 40%	Education assessments (biennial)	1. Operational frameworks for improved kindergarten service delivery in place and implemented at national and subnational level 2. Effective and inclusive teaching and learning practices modelled in primary education 3. Improved capacity at national and subnational level to support inclusive education and adolescent girls to progress and complete basic education 4. Improved capacity for decentralized planning and monitoring for results in basic education	Ministry of Education (MoE); GES United Nations Educational, Scientific and Cultural Organization, World Bank DFID/JICA/USAID NGOs Academia	6 500	16 500	23 000
	Kindergarten net enrolment rate (disaggregated by sex) B: 2015/2016 Total: 79.5%; F: 80.%; M: 79% T: 2021/22 Total 86%; F: 86.5%; M: 85.5%	Annual Education Management Information System (EMIS) data					

[2] Outcome baselines to be updated with data from MICS 2017.

[3] Outcome targets to be aligned with the final Education Sector Plan (2018–2030).

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	Junior high school completion rate (disaggregated by sex) B: 2015/16 Total: 76.1%; F: 73.5%; M: 78.6%; T: 2021/22 Total: 83.5%; F: 82.4%; M: 84.5%	Annual EMIS data	5. Stronger policy frameworks, coordination mechanism and evidence-generation for improved equity and learning in the education sector				
Girls and boys in Ghana, especially the most disadvantaged, increasingly benefit from an equitable and integrated child protection system	Proportion of children aged 2–14 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month B: 93.6%[4]; (MICS 2011); T: 83% (2022)	MICS	1. Child and family welfare, justice for children and birth registration laws and regulations are aligned with child protection policies and international standards 2. Most vulnerable and disadvantaged girls and boys have access to services to prevent and respond to violence against children 3. Capacities of formal and informal service providers enhanced to provide equitable, quality and coordinated child-friendly justice services to girls and boys and their families 4. Birth registration services are more efficient for the registration of girls and boys under 5 years of age 5. Women, girls, boys and men in selected areas have increased understanding of violence and harmful practices that affect children, especially girls	Ministry of Gender, Children and Social Protection (MoGCSP), MLGRD, GSS, Ministry of Interior, Judiciary Service, Ministry of Justice and Attorney General's Department ILO, IOM, UNDP, UNFPA GAC, USAID NGOs	6 500	23 500	30 000
	Percentage of women aged 20–24 who were first married/in union before age 18 B: urban: 15.5%; rural: 26.6%, national: 20.7%, (DHS 2014); T: (2022) urban: 12%; rural: 16%; national: 18%	DHS/MICS					
	Percentage of children under 5 years whose births are registered with the civil authorities B: 70.5% (DHS 2014) T: 85% (2022)	DHS/MICS					

[4] Baseline and target group to be updated with MICS 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Poor children benefit from inclusive development being a central objective of national and sectoral policies	Percentage of children living in households defined as poor according to the national poverty line B: 28% (2013) T: 20% (2022)	Ghana Living Standards Survey	1. Effective tools and strategies are in place to improve the equitability of national resource allocation 2. Research, dialogue and strategies effectively promote inclusive development in national and sectoral policy frameworks 3. Effective tools and dialogue are in place to improve national social accountability 4. National M&E and data systems are strengthened so as to increasingly support evidence-based policies and programmes	Ministry of Finance (MoF), MoGCSP, NDPC NGOs	5 230	2 574	7 804
	Number of government commitments to increase funding to meet at least one specific priority budget "ask" per year (i.e. LEAP, sanitation, child marriage, vaccinations, capitation grant, nutrition) B: One commitment per year to a specific budget "ask" (2017) T: At least one commitment per year to a specific budget "ask" (2022)	National budget statements					
More children from vulnerable families benefit from a social protection system	Number of children reached by LEAP and GSFP B: 375,000 children in LEAP, March 2017, and 1,644,000 children in GSFP, March 2017 T: 900,000 children in LEAP by 2022, 3,000,090 children in GSFP by 2022	MoGCSP, LEAP MIS	1. Key social protection programmes have strengthened operational capacity and are supported to improve coverage 2. Evidence-based strategies are in place to strengthen social protection policy, advocacy, legal and institutional frameworks	MoF, MoGCSP, MoH, MoE World Bank USAID DFID NGOs	770	5 926	6 696
	Number of households enrolled in LEAP B: 213,000 in 2017 T: 550,000 by 2022	LEAP MIS					
	The Social Protection Law and related regulations are in place B: draft law available T: law approved by 2019 and monitored annually	Annual reporting and law documentation					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of beneficiaries paid in most recent payment cycle B: 72.2 % (payment cycle 45; 153,647 of 212,919 households paid. Source LEAP Quarter 4 2016 report) T: 90%	LEAP MIS					
Programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children in development and humanitarian settings	Percentage of management and programme indicators on track B: Not applicable (2017). T: 100%	Insight dashboard	1. Strategic external communications and public advocacy for policy support and strengthened media landscape for the voices and rights of children, including adolescents in Ghana 2. Cross-cutting issues related to child rights and well-being are systematically addressed and monitored		12 280	21 000	33 280
	Percentage of media houses that demonstrate change in approach to child development reporting B: Baseline study to be carried out; T: 60%	External research					
Total resources					**45 280**	**132 500**	**177 780**

United Nations E/ICEF/2018/P/L.3

Economic and Social Council

Distr.: Limited
22 December 2017
English
Original: Arabic/English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
First regular session 2018
6–8 February 2018
Item 6 of the provisional agenda*

Country programme document

Mauritania

Summary

The country programme document (CPD) for Mauritania is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $13,815,000 from regular resources, subject to the availability of funds, and $45,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2018 to December 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2018.

* E/ICEF/2018/1.

18-00289X (E) 090118

Please recycle

Programme rationale

1. Located between the Sahara and the Sahel, Mauritania has experienced recurrent shocks in recent decades, including drought and the impact of the crisis in Mali, resulting in population movements and intense urbanization. The population is estimated at around 3.8 million people, mainly concentrated in the capital, Nouakchott (26 per cent), and the southern part of the country.[1] Urbanization has resulted in significant pressures on social services and weakened traditional social protection mechanisms, impacting children's rights. Although the country underwent sustained economic growth in recent years, which contributed to its graduation to lower middle-income country status, increased wealth has not been equally distributed nor sufficiently reflected in national budgetary allocations to social sectors.

2. A child vulnerability map developed with UNICEF support showed that more than one quarter of Mauritanian children lived in absolute poverty[2] and one third were exposed to risks of drought and flooding, leading to food insecurity and severe acute malnutrition (SAM).

3. Between 2000 and 2015, the under-five mortality rate declined from 113 to 84 per 1,000 live births[3] and the rate of exclusive breastfeeding increased from 26 to 41 per cent.[4] Around one third of pregnant women do not attend four antenatal consultations and only 7 per cent of newborns benefit from a postnatal visit during the first week of life. Four out of five children are not fully vaccinated before their first birthday, and approximately two thirds of children with diarrhoea do not receive oral rehydration. Persistently high maternal, infant and child mortality indicators, particularly for neonatal mortality and global acute malnutrition, show that increased investments are needed in health-system capacity, including at the community level.

4. Recurring nutritional crises have a particularly severe impact on vulnerable children in the most-deprived regions in the centre of the country (known as the Aftout area) and in the Mbera refugee camp, which hosts some 52,000 Malian refugees, including 28,000 children.[5] Since 2012, the arrival of refugees has increased pressure on already scarce resources, causing occasional tensions between the refugees and host communities.

5. Key bottlenecks in health care include a lack of qualified personnel in rural areas; shortages of essential drugs and equipment; inadequate community-level management of childhood illnesses; weak community mobilization and communication strategies to accompany service provision; and limited availability of care and information tailored to adolescents' needs. On the demand side, persistent sociocultural barriers prevent the adoption of optimal practices for feeding infants and young children and good hygiene and sanitation, exacerbating already low nutritional indicators.

6. Substantial progress has been made in water, sanitation and hygiene (WASH): access to drinking water increased from 53 per cent in 2011 to 62 per cent in 2015, and access to basic sanitation rose from 32 per cent in 2011 to 41 per cent in 2015.[6] However, 2 per cent of children continue to use surface water, 38.8 per cent of the population still practise open defecation[7] and two out of five children lack access to any form of toilet. Only 47 per cent of health centres and 33.2 per cent of schools are adequately equipped with WASH infrastructure. As a country that is primarily desert and affected by climate change, Mauritania is experiencing increasing stress on its scarce water supply, particularly in

[1] Demographic projections on the basis of the General Census on Population and Habitat (GCPH) 2013.
[2] Exposure of children to two or more severe deprivations, according to the Gordon Approach (Bristol). These are related to the rights to adequate housing, education, drinking water, sanitation and information.
[3] Inter-agency Group for Child Mortality Estimation.
[4] Multiple Indicator Cluster Surveys (MICS), 2011 and 2015.
[5] Office of the United Nations High Commissioner for Refugees, 2017.
[6] MICS 2011 and 2015.
[7] MICS 2015.

rural areas. Collecting water remains the responsibility of women, who on average walk more than 30 minutes to reach a water source. The WASH sector requires strengthened coordination, technical capacity and monitoring and evaluation mechanisms, as well as adequate funding.

7. Children and adolescents in Mauritania are exposed to various forms of violence, exploitation and abuse. Forty-one per cent of children under 5 years of age are not registered at birth[8] due to low awareness of the importance of registration, long distances to reach services and lengthy procedures. The deprivation of this right affects mainly children in the lowest wealth quintiles (60 per cent not registered) and those living in rural areas (53 per cent not registered). Despite efforts during the last decade, female genital mutilation/cutting (FGM/C) is still widespread: 53 per cent of girls aged 0–14 years and 62 per cent of girls aged 15–19 years have undergone at least one form of FGM/C. The highest rates were recorded among the poorest girls (90 per cent in the bottom quintile) and certain ethnic groups. Child marriage is also widespread: 37 per cent of married women aged 20–24 years were married before reaching the age of 18 years. These challenges persist due to social norms, deeply rooted cultural practices and poor geographical coverage of protection services.

8. The violent disciplining of children remains widespread, regardless of the child's gender and independent of urban or rural residence. Eighty per cent of children under the age of 14 years have experienced disciplinary methods involving physical and/or psychological violence by their families. Child labour affects both girls and boys and is most commonly associated with family poverty, school dropout and poor learning outcomes. Thirty-seven per cent of children aged 5–17 years are working, 26 per cent of them in hazardous conditions.[9] Risks for child refugees are heightened by the Mbera camp's proximity to the conflict zone in Mali, which exposes them to the risk of enlistment by foreign armed groups.

9. In 2005, Mauritania adopted a juvenile justice code. While several provisions have been made for its implementation, enforcement has proceeded slowly due to the limited capacity of the juvenile justice service, an insufficient number of lawyers and social workers and limited civil registration, which complicates determining a child's age.

10. Just 12 per cent of children aged 3-5 years attend preschool, with significant disparities between urban (19.5 per cent) and rural areas (6.2 per cent).[10]

11. Retention rates for primary education have improved, and completion rates for students reaching their sixth year rose from 59 per cent in 2008 to 80 per cent in 2015. Despite this progress, universal education as reflected in Millennium Development Goal 2 was not achieved by 2015. Slightly more than half of primary-school-age children (6–11 years) attend school; attendance is higher among girls than boys (54 versus 50 per cent) and higher in urban areas than rural (64 versus 43 per cent).[11] The learning achievement analysis report for pupils in the third and fifth years of primary school indicates that the evaluation test pass rate remains below expectations (less than 40 per cent of expected standards).

12. Only 34 per cent of children aged 12–15 years attend secondary school, where the gender parity index is 0.90. In 2014–2015, the national examination pass rates stood at 55.7 per cent for the secondary school entrance examination; 28 per cent at the secondary school level; and 12.19 per cent at the baccalaureate level.[12] In 2013, an estimated 183,389 children aged 6–17 years were out of school, including children in non-formal and

[8] Ibid.

[9] "Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children", article 3 (d), International Labour Organization, Worst Forms of Child Labour Convention, 1999 (No. 182).

[10] MICS 2015.

[11] Ibid.

[12] Directorate of Strategy, Planning and Cooperation in the Ministry for National Education.

Koranic education.[13] Annually, 60,000 children drop out, and there are limited options for vocational training or remedial education leading to certification or a diploma.

13. The causal analysis of the education sector reveals several challenges: limited expenditure for implementation, monitoring and supervision, particularly at the subnational level; underperforming system management; poor utilization of school mapping; a shortage of qualified teachers; an insufficient number of early childhood facilities and a lack of adequate teaching equipment; low parental participation in community school management and a negative perception of school, which particularly affects girls' education.

14. Mauritania is party to the Convention on the Rights of the Child and the main international conventions on human rights. In 2014, the Government launched a national action plan to combat the vestiges of slavery. The universal periodic review was completed in 2015. The recommendations and follow-up mechanisms of these instruments have provided critical benchmarks in support of child rights monitoring. Nonetheless, systems and policies for analysing and responding to inequality, poverty and risks need to be strengthened, along with budgetary frameworks and coordination mechanisms.

15. Despite recent public debate in favour of improvements in the status of women, many obstacles still hinder the realization of girls' and women's rights. In 2014, Mauritania was ranked 152 out of 162 countries on the Gender Inequality Index. Women's low economic and political participation demonstrates the persistence of traditional roles. Mauritanian women and girls have little access to sustainable livelihoods, such as farmland, and limited control over their health and reproductive lives; one in four girls (one in three in rural areas) becomes a mother before the age of 18 years.[14] Early pregnancy poses risks to the health and education of teenage girls.

16. Evaluations conducted during the 2012–2017 programme cycle revealed a lack of synergy among initiatives focusing on children aged 3–5 years, especially in education, protection and communication for development (C4D), which reduced the expected impact on early childhood development (ECD). An evaluation of the humanitarian response for nutrition illustrated that, as a country faced with cyclical nutritional crises, Mauritania needed to focus more on ensuring a multisectoral response, securing funding in the national budget and building community resilience.

17. Persistent challenges relating to community health, neonatal mortality and acute malnutrition; open defecation and access to drinking water; educational access, retention and quality, especially for out-of-school children; and FGM/C and child marriage remain priorities for the new country programme. Engagement in efforts to change harmful practices and social budgeting to support public finance reform will be key strategies for achieving equitable results for children.

Programme priorities and partnerships

18. The proposed country programme is fully aligned with the child-related results of the Government's Strategy for Accelerated Growth and Shared Prosperity (*Stratégie de croissance accélérée et prospérité partagée*) 2016–2030 and the United Nations Development Assistance Framework (UNDAF) 2018–2022. It focuses on reducing children's vulnerabilities and accelerating key results for children in line with national efforts to achieve the Sustainable Development Goals, the African Union's Agenda 2063, the UNICEF Strategic Plan, 2018–2021, and the United Nations integrated strategy for the Sahel.

[13] GCPH 2013.
[14] MICS 2015.

19. The programme's vision is that girls and boys, particularly the most vulnerable, will have improved opportunities to access and benefit from nutrition, health, education, drinking water and basic sanitation services, and to enjoy protection against all forms of violence, abuse and discrimination, thus reducing their exposure to multidimensional risks, poverty and inequality.

20. The overarching strategy is two-pronged. At the policy level, the programme will enhance the generation and use of evidence to better support advocacy, strategic programming, decision-making and the leveraging of resources for children. In close coordination with partners, it will support ministries to develop, implement, monitor and evaluate sectoral policies, plans and budgets. At the subnational level, the programme will contribute to implementing cross-sectoral, equity-focused interventions in priority geographical areas, which will be identified in close collaboration with the Government and other United Nations agencies, to address children's multiple deprivations and to document results and opportunities for bringing those interventions to scale.

Nutrition and health

21. The programme will support phase II of the National Plan for Health Development (2017–2020) and the 10-year multisectoral Nutrition Strategic Plan (2016–2025). It will foster better access to high-impact, high-quality health and nutrition services and the adoption of good health and nutrition practices. The focus will be upon building the capacity of health personnel to provide high-quality perinatal and neonatal care; establishing reproductive and sexual health services for adolescents, particularly girls; and improving immunization coverage in the lowest-performing districts. To strengthen health facilities and community structures in priority areas, medical supplies, drugs and equipment will be provided to ensure the adequate treatment of SAM, micronutrient deficiencies and childhood diseases. UNICEF will collaborate with the Ministry of Health and other partners, including Gavi, the Vaccine Alliance; the Global Fund to Fights AIDS, Tuberculosis and Malaria; and the H6 Partnership, to strengthen immunization and health systems and to implement national strategies for reproductive, maternal, neonatal, child and adolescent health. At the decentralized level, the programme will partner with the World Bank, the World Health Organization (WHO) and the Tadamoun National Agency, the Government's lead entity combatting the vestiges of slavery and poverty, to pilot and document (a) community health-system strengthening; (b) performance-based financing; and (c) universal health coverage through innovative strategies in the Hodh el Gharbi and Guidimakha regions.

22. To strengthen service demand, the programme will focus on women's associations and pregnant and breastfeeding women, including adolescent girls, to improve their engagement, knowledge and practices regarding essential newborn care, optimal infant and young child feeding and other areas of health, hygiene and sanitation.

Education

23. The programme will contribute to the implementation of the National Programme for the Development of the Education Sector 2011–2020. It will help to ensure that more public and community facilities in priority areas offer children aged 3–17 years better learning opportunities by: (a) strengthening the capacities of government and community stakeholders to offer children aged 3–5 years high-quality ECD programmes; (b) strengthening the capacities of central and subnational authorities and civil society to help children aged 6–14 years, particularly girls, to remain in school through improved learning opportunities; (c) contributing to the establishment of an intersectoral support system offering guidance to out-of-school children and options to help them to catch up, reinforcing vocational training opportunities and bringing the programmes and curricula of Koranic schools up to national standards. Combined efforts with the WASH and child protection components will encourage school attendance, particularly for girls, by building

teachers' capacities, improving WASH facilities at schools and enhancing community mobilization around the importance of girls' education.

24. As a key member of the Local Education Group and lead agency for the education sector under the UNDAF, UNICEF will support the implementation and monitoring of the Global Partnership for Education grant. In close collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP), UNICEF will continue to support high-quality basic education in the Mbera refugee camp and neighbouring host communities.

Child protection

25. The programme will support government efforts to ensure that more children, particularly the most vulnerable living in priority areas, are registered at birth and protected from violence, abuse, child marriage and FGM/C. It will strengthen national capacities to plan, budget, implement and coordinate a systemic response to effectively protect girls and boys. Together with partners, including the United Nations Population Fund (UNFPA), the European Union and Save the Children, UNICEF will build upon the country's newly adopted General Code for the Protection of Children to support the Government in updating and implementing the national strategies on child protection, FGM/C abandonment, ending child marriage and alternatives to detention for children in contact with the law.

26. The component will build the capacities of service providers and local stakeholders working in priority geographical areas to prevent, identify, refer, care for and monitor children at risk or who are victims of violence and abuse, including in emergency situations. It will also raise awareness and strengthen the capacity of adolescents, families, communities and religious leaders to encourage non-violent disciplinary measures, register children's births and renounce such practices as FGM/C and child marriage, while fostering their participation and engagement in such efforts. UNICEF will continue to support the Government in reporting to the Committee on the Rights of the Child and in implementing its concluding observations.

Water, sanitation and hygiene

27. Working with partners to support the Government to operationalize national WASH sectoral plans and focusing on the most-vulnerable populations in priority areas, the programme will seek to end open defecation, promote the adoption of good hygiene practices and improve sustainable and equitable access to drinking water services through: (a) capacity-building for WASH actors; (b) the promotion and maintenance of open-defecation-free villages; (c) low-cost hydraulic technologies; (d) the promotion of hygiene in communities, schools and health centres; (e) the provision of WASH facilities to schools and health centres; and (f) emergency response and preparedness. Implementation will be integrated with other sectors and supported by C4D activities aimed at stimulating demand and contributing to behavioural change. UNICEF will support the country's technical authorities, civil society organizations (CSOs) and targeted local communities to strengthen their planning capacities, reinforce service sustainability and enhance coordination within the WASH sector. To strengthen water security in targeted areas, the programme will capitalize on the experience of UNICEF with low-cost drilling; support the development of solar water pumping systems; and reinforce the involvement of women's cooperatives in household water treatment and safe storage. Advocacy work will focus on national policy regarding water provision and delivery to communities with fewer than 500 inhabitants.

Social inclusion

28. The programme will support the authorities responsible for the social sectors to ensure that children's needs and issues of equity and gender are adequately integrated into national policies, programmes and budgetary allocations. It will support the Government to implement the national development statistics strategy to generate and analyse stronger evidence and disaggregated data on inequality and the causes of child deprivation. This will be part of an effort to highlight the critical importance of investing in the social determinants of growth. Under government leadership, strategic partnerships will be strengthened to promote policy dialogue on social budgeting for children and support social protection mechanisms and initiatives aimed at fostering local governance, decentralization and community engagement. Partners will include the World Bank, the International Monetary Fund, the European Union, WFP, the Food and Agriculture Organization of the United Nations, the United Nations Development Programme, the United States Agency for International Development, the German Agency for International Cooperation and Save the Children.

29. Achieving the results of the country programme requires a commitment by the Government to harmonize national laws with international standards and ensure their enforcement; a commitment by the Government, UNICEF and key partners to mobilize the necessary resources; the engagement and willingness of relevant ministries to work in a coordinated manner; and a continued commitment from all parties concerned to implement, manage and adequately monitor interventions.

30. The worsening cyclical nutrition situation calls for simultaneous measures to foster multisectoral preparedness and response and the resilience of communities and systems, particularly in rural and poor peri-urban areas. In close coordination with the Government, UNHCR and WFP; bilateral and multilateral agencies; and non-governmental organizations (NGOs), UNICEF will continue both to support Malian refugees with integrated services and to strengthen interventions that benefit host communities in order to reinforce peaceful co-existence. The programme will also strengthen cross-border collaboration on education for refugee children and children associated with armed groups.

31. In line with the UNDAF and in collaboration with United Nations partners, the country programme will be implemented primarily in poor peri-urban areas of Nouakchott and selected deprived rural districts and communes in the central regions (Affout) with high poverty incidence and the Hodh El Chargui region, which is hosting Malian refugees. UNICEF and partners will implement a package of interventions aimed at helping to break the intergenerational cycle of multidimensional poverty, reduce inequality and address the development and humanitarian needs of children.

Programme effectiveness

32. This component will guarantee the effective design, coordination and management of the country programme and adequate support to meet programming standards and achieve best outcomes for children. The component will invest in the capacity-building of partners and internal staff around results-based management and budgeting, financial programme management and the human rights-based approach to programming. The full implementation of the harmonized approach to cash transfers will mainstream quality-assurance activities and strengthen the capacities of implementing partners, thus minimizing programme risks and ensuring that results are adequately monitored. C4D will be essential to improving the knowledge of rights-holders and duty-bearers to change behaviours that affect children's rights by addressing the consequences of harmful practices; promoting positive social norms; and generating demand for services. C4D will support sectoral interventions to generate public debate and awareness on child rights and foster participation by communities, children and adolescents. External relations will

further the engagement with the general public, Government, civil society, the media and opinion leaders, ensuring more strategic advocacy and partnerships.

33. The programme will draw upon cross-sectoral strategies to overcome identified bottlenecks and improve programme implementation. By programming for at-scale results, the country programme will build upon an equity-focused and risk-informed intersectoral approach to deliver better results for children, including at the sub-national level. Gender will be addressed as a central cross-cutting issue within the five programme components, with particular emphasis on adolescent girls' health; girls' education; and the elimination of child marriage and FGM/C. UNICEF will conduct high-level advocacy based on evidence (particularly on multidimensional poverty), budgetary analyses and investment cases to demonstrate the importance of improved strategies and increased financing for social sectors and child-friendly programmes. It will promote the use of such mobile technologies as U-Report to reach isolated populations, strengthen results monitoring and encourage participation by communities, children and young people. It will explore additional innovative partnerships with the private sector.

34. UNICEF will strengthen its strategic partnerships with government institutions at all levels as well as with universities, research institutes, technical and financial partners involved in social sectors, global initiatives and funds (e.g., Gavi, the Vaccine Alliance; Global Partnership for Education; Global Fund to Fight AIDS, Tuberculosis and Malaria; Scaling Up-Nutrition movement), national and international NGOs, CSOs, religious and community organizations, women's and children's organizations and the media. Building upon child-sensitive corporate social responsibility initiatives, partnerships with the private sector will be aimed at raising awareness about the situation of women and children and prompting supportive action. Collaboration with other United Nations agencies, which will be central under the new UNDAF, will foster complementarity, additional synergy, cost-efficiency and sustainability in convergence zones. Collaboration with WFP in Bassikounou and Kiffa will be maintained to optimize programme implementation, strengthen field monitoring and reduce operating costs.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	2 053	15 907	17 960
Education	1 973	6 850	8 823
Child protection	1 992	4 580	6 572
Water, sanitation and hygiene	1 462	11 380	12 842
Social inclusion	2 000	2 250	4 250
Programme effectiveness	4 335	4 033	8 368
Total	**13 815**	**45 000**	**58 815**

Programme and risk management

35. The programme will be coordinated with the Ministry of Economy and Finance, which oversees cooperation with United Nations agencies, through the UNDAF steering committee and sectoral thematic groups. These coordination mechanisms will provide a framework for consultation with government departments and implementing and financial partners involved in national plans and UNDAF implementation. These mechanisms will

strengthen the joint planning and monitoring of results, increase transparency in funding and mitigate risks of overlap between United Nations and other partners.

36. Regarding potential external risks that could affect the achievement of the country programme's results, the situation analysis highlighted: (a) changes in the economic, social, political or security environment; (b) disasters triggered by natural hazards, climate change and or health-related outbreaks; and (c) decreased budgetary allocations to social sectors in case of slower economic growth and/or a reduction in international aid.

37. To mitigate these risks, the programme will develop a strong advocacy and resource mobilization strategy to support programme funding and leverage public and private investment for children. The programme will concentrate on priority areas, capitalizing on existing zone offices in Bassikounou and Kiffa to plan, coordinate and monitor interventions, provide technical support to implementing partners and strengthen quality assurance. Ongoing efforts to coordinate interventions related to recurring emergencies with the development programme will maximize results; optimize the use of resources; and strengthen both the resilience of vulnerable communities and social cohesion between refugees and the host population. The adoption of risk-informed programming, building upon the United Nations integrated strategy for the Sahel and the Capacity for Disaster Reduction Initiative, will enable the regular monitoring of risk levels and the timely adaptation of programme strategies to prepare for and respond to emergencies.

38. This CPD outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

39. The integrated monitoring, evaluation and research plan will serve as the frame of reference for programme monitoring and evaluation. The costed evaluation plan will support four major evaluations linked to: (a) the child protection system; (b) the community component of the infant and young child feeding strategy; (c) the social-inclusion component; and (d) the education component. Regular monitoring of key performance indicators, combined with annual and midterm reviews of the UNDAF, will measure progress towards the achievement of UNDAF and country programme results.

40. UNICEF, together with other United Nations agencies and partners, will support ongoing situation analysis and the monitoring of progress towards the Sustainable Development Goals by contributing to national surveys and strengthening sectoral monitoring and information systems, with a focus on disaggregating data by gender, age, administrative levels and wealth quintile. In-depth analysis of household surveys and triangulation with qualitative and administrative data will produce strong evidence on the situation of women and children and on equity, gender and knowledge gaps. Under government leadership, the country programme will contribute to the monitoring and evaluation mechanisms of the Strategy for Accelerated Growth and Shared Prosperity and of other sectoral policies and plans. The monitoring, evaluation, and oversight functions and responsibilities of public institutions, including parliamentary institutions, universities and civil society, will be strengthened.

41. The programme will support, with other United Nations agencies and partners, the operationalization of subnational monitoring in targeted intervention areas to enable the collection of real-time data on progress against expected results and provide insight into the effectiveness and sustainability of interventions.

Annex

Results and resources framework

Mauritania – UNICEF country programme of cooperation, March 2018–December 2022

Convention on the Rights of the Child: articles 4, 6, 7, 8, 9–10, 12, 13, 16, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 31, 32, 35–37, 39–40

National priorities: (2016–2030): Strategy for Accelerated Growth and Shared Prosperity (SCAPP): strategic pillars 2 and 3: Developing human capital and access to basic social services and Strengthening governance in all its dimensions

UNDAF outcomes involving UNICEF:
Strategic priority 2 (Human capital), outcomes 1, 2 and 3; strategic priority 3 (Governance), outcomes 3 and 4

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNDAF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2022, more teenage girls, pregnant and breastfeeding women, and children under 5 years of age living in priority intervention areas have access to and use high-impact, high-quality health and nutrition services that also encourage the adoption of good health and nutrition practices	1. Percentage of live births of women (< 20 years) attended by a skilled health provider, disaggregated by region B: 33% T: 45%	Multiple indicator cluster survey (MICS)	1. Health centres and referral hospitals in priority districts offer a package of health services to adolescents and provide essential care and treatment for pregnant women and newborns 2. Community stakeholders in at least 30 priority districts are able to promote good practices for infant and young child feeding and hygiene and sanitation and to seek care and advice from health services, if required 3. The Ministry of Health (MoH) has the capacity to improve vaccination coverage, particularly in the poorest-performing districts 4. Stakeholders involved in	MoH Ministries of the Economy and Finance (MEF); Social Affairs, Children and the Family (MASEF); National Education (MNE); Agriculture, Livestock; and Commerce, Industry and Tourism Civil society organizations (CSOs)	2 053	15 907	17 960
	2. Percentage of children (0–5 months) exclusively breastfed, disaggregated by region B: 36% T: 60%	Standardized Monitoring and Assessment of Relief and Transitions					
	3. Percentage of children (6–23 months) receiving minimum acceptable diet, disaggregated by region B: 22% T: 35%						

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			combating micronutrient deficiencies are able to implement appropriate strategies for providing children with adequate micronutrient intake 5. Health-care facilities and community health workers in priority areas have improved capacity and access to medical supplies and equipment to adequately treat severe acute malnutrition and common childhood illnesses				
2. By 2022, more public and community facilities in priority intervention areas offer children aged 3 to 17 years better learning opportunities	1. Rate of net enrolment in primary education for children (6–11 years), disaggregated by sex and region B: 75% (Boys (B)-74%, Girls (G)-77%) T: 80% (B-80%, G-80%)	Education Management and Information System, Statistic Yearbook	1. Government and community stakeholders have increased capacity to care for children (3–5 years) in facilities that meet quality standards 2. Stakeholders at the central and decentralized levels have the technical capacity to provide continuity of learning, particularly for girls, in line with quality standards 3. A functional intersectoral support system is introduced to guide out-of-school boys and girls and to help them to catch up	MASEF Ministry of Islamic Affairs and Traditional Education MNF MoH Community associations World Food Programme United Nations High Commissioner for Refugees Global Partnership for Education World Bank (WB)	1 973	6 850	8 823
	2. Primary education completion rate, disaggregated by sex and region B: 80% (B-78%, G-82%) T: 85% (B-83%, G-87%)						
	3. Rate of transition to public lower-secondary education, disaggregated by sex and region B: 51% (B-54%, G-48%); T: 60% (B-60%, G- 60%)						
	4. Preschool attendance rate B: 12% T: 15%						
3. By 2022, more girls	1. Percentage of girls and	MICS	1. National institutions have the	Ministry of the	1 992	4 580	6 572

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
and boys living in priority intervention areas, including the most vulnerable, are registered and protected against violence, abuse, child marriage and FGM/C	boys (1–14 years) who have experienced violent disciplinary practices by an adult member of the household during the past month B: 80.1% (B), 80% (G) T: 75% (B and G)		skills and capacities to plan, budget and coordinate a systemic response to effectively protect girls and boys. 2. Service providers and local stakeholders in targeted areas have the capacity to prevent, identify, refer and care for children at risk or victims of violence and abuse, including in emergency situations. 3. Adolescents, families and communities in target areas have the knowledge and skills to adopt non-violent disciplinary methods, register their children at birth and renounce FGM/C and child marriage.	Interior and Decentralization National Agency for Population Registration and Secure Documents MASEF MoH CSOs			
	2. Percentage of girls (0–14 years) who have undergone FGM/C B: 53.2% T: 47%						
	3. Percentage of women (20–24 years) married before the age of 18 years B: 37% T: 35%						
	4. Percentage of children (0–5 years) whose births are registered B: 58% T: 63%						
4. By 2022, the most vulnerable populations in priority intervention areas end open defecation, adopt good hygiene practices and have secure and sustainable access to drinking-water services	1. Proportion of population using improved drinking water source B: 62% T: 75%	MICS; WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation	1. The most vulnerable populations in priority intervention areas have secure access to drinking water and sanitation services and increased knowledge for improving their hygiene conditions. 2. In priority intervention areas, users of health centres and students attending school have adequate access to safe drinking water and quality hygiene and sanitation facilities on those premises. 3. Authorities responsible for the	Ministry of Water and Sanitation MEF MoH CSOs Technical and financial partners	1 462	11 380	12 842
	2. Proportion of population practising open defecation B: 38.8% T: 0%						

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			WASH sector have greater capacity to effectively manage and coordinate the sector at all levels, including in emergency situations				
5. By 2022, administrations in charge of social sectors have equity-sensitive programming, budgetary frameworks and functional coordination, monitoring and evaluation mechanisms at the national and local levels	1. Percentage of public budget allocations in health, education and social protection benefiting vulnerable girls and boys in priority areas B: < 20% T: 25%	Finance law	1. Disaggregated data and analysis on children's multidimensional poverty, vulnerabilities and well-being are available to decision makers and communities for the regular monitoring of the achievement of outcomes, particularly those under the SCAPP 2. Mauritania has a well-coordinated, monitored and integrated national social protection programme for equitable access to high-quality basic social services for girls and boys in the most vulnerable areas 3. The ministries in charge of the economy, finance and social sectors have the tools and skills to manage budget processes, including budget formulation, allocation and spending, and to more effectively address child poverty and inequality	MEF MoH MASEF International Monetary Fund WB Regional authorities CSOs	2 000	2 250	4 250
	2. Functional SCAPP monitoring, evaluation and coordination mechanism in target regions B: No T: Yes	Steering/follow-up committees' reports					
6. By 2022, the country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	1. Number of strategic partnerships and/or opportunities for advocacy developed B: 10 (2016) T: 20 (2022)	Memorandum of understanding, press articles	1. UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage the programme 2. UNICEF staff and partners are provided tools, guidance and resources to improve communications on children's-	Private sector Media Parliamentarians Religious leaders	4 335	4 033	8 368
	2. Percentage of planned resources mobilized for the programme	InSight (UNICEF performance management					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 75% (2016) T: 80% (2022)	system)	rights issues 3. UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor the programme 4. Cross-cutting strategies for supply and integrated implementation are developed and put into practice to support achieving results for children 5. UNICEF staff and partners are provided guidance, tools and resources to effectively advocate for and establish partnerships focused on children's rights 6. UNICEF staff and partners are provided guidance, tools and resources to better promote community participation and essential family practices				
	3. Percentage of direct cash transfers pending liquidation for more than nine months B: 0.6% (2016) T: 0% (2022)	UNICEF reports					
Total resources					**13 815**	**45 000**	**58 815**